

## **MEDICAL RELEASE FORM**

I hereby give permission for any and all medical attention necessary to be administered to my child (NAME): \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

MY ADDRESS IS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: (    )-\_\_\_\_\_ WORK PHONE: (    )-\_\_\_\_\_

MY INSURANCE COMPANY IS: \_\_\_\_\_

MY POLICY NUMBER IS: \_\_\_\_\_

In case I cannot be reached, any of the following is designated to act in my behalf:

1. A LEAGUE REPRESENTATIVE WHERE MY CHILD IS PLAYING.
2. ANY TOURNAMENT REPRESENTATIVE WHERE MY CHILD IS PARTICIPATING IN A TOURNAMENT.

OUR PHYSICIAN IS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_)-\_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

THIS RELEASE IS EFFECTIVE FROM THIS DATE UNTIL 31 AUGUST 2010.

PARENT OR GUARDIAN NAME: \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_